



State of Rhode Island
Department of State - Business Services Division

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2023 MAY 18 PM 1:34

Annual Report for the year: 2023

Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000135299		2. Exact name of the Corporation Barrington Middle School Parent Teach Organization			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The BMS PTO mission is to enhance and enrich the education of all students at BMS. We support the students and staff with enrichment and educational programs, provision of materials, and field trip/event support.			
4. NAICS Code 813319					
6. Principal Office Address 261 Middle Highway			City Barrington	State RI	Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name currently open position			Vice-President Name Kristin Brown		
Street Address n/a			Street Address 3 Rustwood Dr.		
City n/a	State n/a	Zip n/a	City Barrington	State RI	Zip 02806
Secretary Name Melissa Perreira			Treasurer Name Tracy Warila		
Street Address 17 Old River Rd			Street Address 74 Governor Bradford Dr		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kristin Brown			Director Name Tracy Warila		
Street Address 3 Rustwood Dr.			Street Address 74 Governor Bradford Dr		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name Melissa Perreira			Director Name n/a		
Street Address 27 Old River Rd			Street Address n/a		
City Barrington	State RI	Zip 02806	City n/a	State n/a	Zip n/a
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Tracy Warila				Date 5/16/2023	
Signature of Officer/Authorized Representative <i>Tracy Warila</i>				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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